

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
------------	-------------

APPLICANT(S)
--------------

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	2					
5	1					
6	1					
7	1					
8	1					
9	1					
10	/					
11	1					
12	1					
13	1					
14	2					
15	1					
16	1					
17	2					
18	1					
19	1					
20	1					
21						
22						
23						

*	*	*
IND.	DEP.	IND.
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
67		
68		
69		
70		
71		
72		
73		
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		
TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		